

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:55

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : DHSDADA791                      Office of Applied Studie  
Start Date : 01-JAN-90  
End Date :  
Follow-up :

South Dakota's Treatment Episode Data Set  
Version : 1

K = Key Field		System	<u>South Dakota</u>	
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Transaction Type Added To Each Record	
K 2	State Code	SD	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year Of Submission Added To Each Record	

# Crosswalk Report

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## South Dakota's Treatment Episode Data Set Version : 1

K = Key Field

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	-	-	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	-	<b>Client Identifier</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	-	<b>Co-Dependent/Collateral Data Not Collected</b>	
	2 No		2 No	
<b>K 4</b>	<b>Client Transaction Type</b>	-	-	
	A Initial Admission		A Initial Admission	
	T Transfer/Change in Service		T Transfer/Change in Service	
<b>K 5</b>	<b>Date of Admission</b>	-	<b>Service Begin Date</b>	

<b>6</b>	<b>Number of Prior Treatment Episodes</b>	-	<b>Number Of Prior Treatments</b>
0	0		0 0
1	1		1 1
2	2		2 2
3	3		3 3
4	4		4 4
5	Or More		5 5
7	Unknown		7 Unknown

No longer effective as of: 06-30-1995

# Crosswalk Report

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Version : 1

K = Key Field			Minimum		<u>South Dakota</u>	
Item				Item		
No.	Treatment Episode Data Set			Value	State System Data	
<hr/>						
6	Number of Prior Treatment Episodes		-	Number Of Prior Treatments		
	0	0		0	0	
	1	1		1	1	
	2	2		2	2	
	3	3		3	3	
	4	4		4	4	
	5	Or More		5	5 or more	
	7	Unknown		7	Unknown	

## South Dakota's Treatment Episode Data Set

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7	Principal Source of Referral	-	Referral Source
06	Other Community Referral	AAA	AA/Alanon/Alateen
97	Unknown	ACA	Against Counselors Advice
02	Alcohol/Drug Abuse Provider	ADA	Division of Alcohol and Drug Abuse
02	Alcohol/Drug Abuse Provider	ADF	Alcohol/Drug Facility (Non Accredited)
06	Other Community Referral	ATY	Attorney
06	Other Community Referral	BIA	Bureau of Indian Affairs
06	Other Community Referral	CLG	Clergy
07	Court/Criminal Justice/DUI/DWI	COR	Corrections Based Substance Abuse Program
07	Court/Criminal Justice/DUI/DWI	CRT	Courts
07	Court/Criminal Justice/DUI/DWI	DOC	Department of Corrections
06	Other Community Referral	DSS	Department of Social Services
05	Employer/EAP	EMP	Employer
01	Individual (includes self-referral))	FAF	Family, Friend
06	Other Community Referral	GAA	Gamblers Anonymous
06	Other Community Referral	IHS	Indian Health Service
06	Other Community Referral	INF	Information Referral Hotline
07	Court/Criminal Justice/DUI/DWI	LWE	Law Enforcement
03	Other Health Care Provider	MED	Medical Physician
03	Other Health Care Provider	MHL	Community Mental Health Centers
06	Other Community Referral	NAR	Narcotics Anonymous
97	Unknown	OOO	Other/None
06	Other Community Referral	OSS	Other Social Services
07	Court/Criminal Justice/DUI/DWI	PEN	Penitentiary
03	Other Health Care Provider	PHN	Public Health Nurse
07	Court/Criminal Justice/DUI/DWI	PRO	Parolee Services
04	School (Educational)	SKL	School
01	Individual (includes self-referral))	SLF	Self
06	Other Community Referral	VAA	Veterans Administration
06	Other Community Referral	VOR	Vocational Rehabilitation

No longer effective as of: 06-30-1999

## South Dakota's Treatment Episode Data Set

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Value

State System Data

<b>7</b>	<b>Principal Source of Referral</b>	<b>-</b>	<b>Referral Source</b>
06	Other Community Referral	AAA	AA/Alanon/Alateen
97	Unknown	ACA	Against Counselors Advice
02	Alcohol/Drug Abuse Provider	ADA	Division of Alcohol and Drug Abuse
02	Alcohol/Drug Abuse Provider	ADF	Alcohol/Drug Facility (Non Accredited)
06	Other Community Referral	ATY	Attorney
06	Other Community Referral	BIA	Bureau of Indian Affairs
06	Other Community Referral	CLG	Clergy
07	Court/Criminal Justice/DUI/DWI	COR	Corrections Based Substance Abuse Program
07	Court/Criminal Justice/DUI/DWI	CRT	Courts
07	Court/Criminal Justice/DUI/DWI	DOC	Department of Corrections
06	Other Community Referral	DSS	Department of Social Services
05	Employer/EAP	EMP	Employer
01	Individual (includes self-referral))	FAF	Family, Friend
06	Other Community Referral	FIC	Financial Counseling
06	Other Community Referral	GAA	Gamblers Anonymous
06	Other Community Referral	IHS	Indian Health Service
06	Other Community Referral	INR	Information Referral Hotline
07	Court/Criminal Justice/DUI/DWI	LWE	Law Enforcement
03	Other Health Care Provider	MED	Medical Physician
03	Other Health Care Provider	MHL	Community Mental Health Centers
06	Other Community Referral	NAA	Narcotics Anonymous
97	Unknown	OOO	Other/None
06	Other Community Referral	OSS	Other Social Services
03	Other Health Care Provider	PHN	Public Health Nurse
07	Court/Criminal Justice/DUI/DWI	PRO	Parolee Services
04	School (Educational)	SKL	School
01	Individual (includes self-referral))	SLF	Self
06	Other Community Referral	VAA	Veterans Administration
06	Other Community Referral	VOR	Vocational Rehabilitation

**8 Date of Birth****-****Birthdate**

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>9</b>	<b>Sex</b>	-	<b>Sex</b>	
2	Female		F	Female
1	Male		M	Male

<b>10</b>	<b>Race</b>	-	<b>Race</b>	
01	Alaska Native (Aleut, Eskimo, Indian)		A	Alaskan Native
04	Black or African American		B	Black
02	American Indian ( Other than Alaskan Native)		I	American Indian
20	Other		O	Other
03	Asian or Pacific Islander		P	Pacific Islander or Asian
97	Unknown		U	Unknown
05	White		W	White

No longer effective as of: 06-30-1999

<b>10</b>	<b>Race</b>	-	<b>Race</b>	
01	Alaska Native (Aleut, Eskimo, Indian)		A	Alaskan Native
04	Black or African American		B	Black
02	American Indian ( Other than Alaskan Native)		I	American Indian
20	Other		M	Multi-Ethnic
20	Other		O	Other
03	Asian or Pacific Islander		P	Pacific Islander or Asian
05	White		W	White
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			

<b>11</b>	<b>Ethnicity</b>	-	<b>Not Collected</b>	
98	Not Collected		98	98

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State System Data

12	Education	-	Education
----	-----------	---	-----------

13	Employment Status	-	Income Source
----	-------------------	---	---------------

01	Full Time	01	Full Time
02	Part Time	02	Part Time
03	Unemployed	03	Unemployed
04	Not in Labor Force	04	Not In Labor Force
04	Not in Labor Force	04	Public Assistance
04	Not in Labor Force	05	Pension
04	Not in Labor Force	06	Insurance/Workman's Comp
04	Not in Labor Force	07	Savings, Investments
04	Not in Labor Force	08	Other
04	Not in Labor Force	10	Family, Friends
04	Not in Labor Force	11	Student
97	Unknown	99	Refused/Not Available, None, Unknown

No longer effective as of: 06-30-1999

13	Employment Status	-	Income Source
----	-------------------	---	---------------

01	Full Time	01	Full Time
02	Part Time	02	Part Time
03	Unemployed	03	Unemployment
04	Not in Labor Force	04	Public Assistance
04	Not in Labor Force	05	Pension
04	Not in Labor Force	06	Insurance/Workman's Comp
04	Not in Labor Force	07	Savings, Investments
04	Not in Labor Force	08	Other
04	Not in Labor Force	10	Family, Friends
04	Not in Labor Force	11	Student
97	Unknown	99	Refused/Not Available, None, Unknown



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14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)	-	Abuse Drug, Primary, Secondary, Tertiary
01	None	00	No Drug Used
02	Alcohol	01	Alcohol
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preperations)	02	Cannabis
17	Inhalants	03	Inhalants
09	Other Hallucinogens	04	Hallucinogens
03	Cocaine, Crack	05	Cocaine
05	Heroin	06	Heroin
07	Other Opiates and Synthetics	07	Other Opiates
16	Other Sedatives or Hypnotics	09	Sedatives
08	PCP	11	Pheneyclidine/PCP
20	Other	12	Other
10	Methamphetamine	14	Methamphetamines
11	Other Amphetamines	15	Amphetamines
18	Over-the-Counter	18	Non-Prescription Medication
12	Other Stimulants	19	Nictotine Chew
12	Other Stimulants	20	Caffeine
97	Unknown	99	Refused/Not Available

No longer effective as of: 06-30-2000

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No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiar-14C)	-	Abuse Drug, Primary, Secondary, Tertiary
01	None	00	No Drug Used
02	Alcohol	01	Alcohol
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	02	Cannabis
17	Inhalants	03	Inhalants
09	Other Hallucinogens	04	Hallucinogens
03	Cocaine, Crack	05	Cocaine
05	Heroin	06	Heroin
07	Other Opiates and Synthetics	07	Other Opiates
16	Other Sedatives or Hypnotics	09	Sedatives, Hypnotic, and Anxiolytic
08	PCP	11	Phencyclidine/PCP
20	Other	12	Other
10	Methamphetamine	14	Methamphetamines
11	Other Amphetamines	15	Amphetamines
18	Over-the-Counter	18	Non-Prescription Medication
12	Other Stimulants	19	Nictotine Chew
12	Other Stimulants	20	Caffeine
97	Unknown	99	Refused/Not Available

15	Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)	-	Usual Route Of Administration
01	Oral	01	Oral
02	Smoking	02	Smoking
03	Inhalation	03	Inhalation
04	Injection (IV or intramuscular)	04	Injection
20	Other	20	Other
97	Unknown	97	Unknown

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State System Data

**16 Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C) - Frequency of Use**

01	No past month use	01	No Past Month Use
02	1-3 times in past month	02	1-3 Time in Past Month
03	1-2 times per week	03	1-2 Times Per Week
04	3-6 times per week	04	3-6 Times Per Week
05	Daily	05	Daily
97	Unknown	97	Unknown

**17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) - Age of First Use or Alcohol Intoxication**

00	Indicates a Newborn with a substance dependency problem	00	Newborn With Substance Abuse Problem
00-95	Indicates The Age at First Use	00-96	00-96
97	Unknown	97	Unknown

No longer effective as of: 06-30-1999

**17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) - Age of First Use or Alcohol Intoxication**

00	Indicates a Newborn with a substance dependency problem	00	Newborn With Substance Abuse Problem
00-95	Indicates The Age at First Use	00-96	00-96
97	Unknown	99	Refuse to answer/Not available

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<b>K 18</b>	<b>Type of Services</b>	<b>-</b>	<b>Service Codes</b>
07	Non-Intensive Outpatient	01	Direct Client Support
02	Free-standing Residential ( Detox, 24 hour Service)	02	Indirect Client Support
07	Non-Intensive Outpatient	04	Core Service Contract
05	Long-term, ( more than 30 days)	05	Clinically Managed Low Intensity Residential Program for Pregnant Adolscents /Ad
07	Non-Intensive Outpatient	09	JDC Assessments
07	Non-Intensive Outpatient	10	Non Core Assessments
07	Non-Intensive Outpatient	11	Local/Home Based Individual Counseling
06	Intensive Outpatient	110	Day Treatment for Parolees
07	Non-Intensive Outpatient	12	Local Group Counseling
07	Non-Intensive Outpatient	13	Rural Individual Counseling
07	Non-Intensive Outpatient	14	Rural Group Counseling
07	Non-Intensive Outpatient	15	Local Family Counseling
07	Non-Intensive Outpatient	16	Rural Family Counseling
06	Intensive Outpatient	20	Intensive OutPatient Treatment for Pregnant Women/Women with Dependent Children
06	Intensive Outpatient	21	Adult Instensive Outpatient Treatment
06	Intensive Outpatient	22	Adolescent Intensive Outpatient Treatment
05	Long-term, ( more than 30 days)	23	SLIP -SLOT Clinically-Managed Low Intensity Residential Treatment
06	Intensive Outpatient	28	Slip-Slot Intensive Outpatient Treatment
06	Intensive Outpatient	29	Day Treatment
06	Intensive Outpatient	30	Day Treatment for Pregnant Women/Women w/dependent
04	Short-term, ( 30 days or fewer)	31	Medically-Monitored Intensive Inpatient Treatment Program (Adults)
04	Short-term, ( 30 days or fewer)	32	Medically Monitored Intensive Inpatient Treatment Program or Pregnant Women/Wome
05	Long-term, ( more than 30 days)	33	Medically Monitored Intensive Inpatient Treatment Program Adolscents

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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>-</b>	<b>Service Codes</b>
08	Ambulatory Detoxification	41	Clinically Managed Residentail Detoxification
07	Non-Intensive Outpatient	43	Individual Counseling for Adult Parolees
07	Non-Intensive Outpatient	44	Group Counseling for Adult Parolees
05	Long-term, ( more than 30 days)	45	Clinically Managed Low Intensity Residential Program for Adult Parolees
06	Intensive Outpatient	47	Intensive Outpatient Treatment for Adult Parolees
07	Non-Intensive Outpatient	48	Family Counseling for Adult Parolees
05	Long-term, ( more than 30 days)	49	Clinically Managed Low Intensity Residential Program for Adolscents
05	Long-term, ( more than 30 days)	50	SLIP SLOT Clinically Managed Low Intensity Residential Treatment for Adult Parol
05	Long-term, ( more than 30 days)	52	Clinically Managed Low Intensity Residential Program
05	Long-term, ( more than 30 days)	53	Clinically Managed Low Intensity Residential Program
05	Long-term, ( more than 30 days)	55	Cinically Manageed Low Intensity , Resi Prog PregWom/W omenw Dependent Children
07	Non-Intensive Outpatient	56	Case management for Adult Parolees
06	Intensive Outpatient	57	SLIP SLOT - Intensive Outpatient Treatment for Adult Parolees

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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>-</b>	<b>Service Codes</b>
07	Non-Intensive Outpatient	01	Direct Client Support
02	Free-standing Residential ( Detox, 24 hour Service)	02	Indirect Client Support
07	Non-Intensive Outpatient	04	Core Service Contract
05	Long-term, ( more than 30 days)	05	Clinically Managed Low Intensity Residential Program for Pregnant Adolscents /Ad
07	Non-Intensive Outpatient	09	JDC Assessments
07	Non-Intensive Outpatient	10	Non Core Assessments
07	Non-Intensive Outpatient	11	Local/Home Based Individual Counseling
06	Intensive Outpatient	110	Day Treatment for Parolees
07	Non-Intensive Outpatient	12	Local Group Counseling
07	Non-Intensive Outpatient	13	Rural Individual Counseling
07	Non-Intensive Outpatient	14	Rural Group Counseling
07	Non-Intensive Outpatient	15	Local Family Counseling
07	Non-Intensive Outpatient	16	Rural Family Counseling
06	Intensive Outpatient	20	Intensive OutPatient Treatment for Pregnant Women/Women with Dependent Children
06	Intensive Outpatient	21	Adult Instensive Outpatient Treatment
06	Intensive Outpatient	22	Adolescent Intensive Outpatient Treatment
05	Long-term, ( more than 30 days)	23	SLIP -SLOT Clinically-Managed Low Intensity Residential Treatment
06	Intensive Outpatient	28	Slip-Slot Intensive Outpatient Treatment
06	Intensive Outpatient	29	Day Treatment
06	Intensive Outpatient	30	Day Treatment for Pregnant Women/Women w/dependent
04	Short-term, ( 30 days or fewer)	31	Medically-Monitored Intensive Inpatient Treatment Program (Adults)
04	Short-term, ( 30 days or fewer)	32	Medically Monitored Intensive Inpatient Treatment Program or Pregnant Women/Wome
05	Long-term, ( more than 30 days)	33	Medically Monitored Intensive Inpatient Treatment Program Adolscents

South Dakota's Treatment Episode Data Set  
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K = Key Field Item		Minimum	<u>South Dakota</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 18</b>	<b>Type of Services</b>	-	<b>Service Codes</b>	
08	Ambulatory Detoxification	41	Clinically Managed Residentail Detoxification	
07	Non-Intensive Outpatient	43	Individual Counseling for Adult Parolees	
07	Non-Intensive Outpatient	44	Group Counseling for Adult Parolees	
05	Long-term, ( more than 30 days)	45	Clinically Managed Low Intensity Residential Program for Adult Parolees	
06	Intensive Outpatient	47	Intensive Outpatient Treatment for Adult Parolees	
07	Non-Intensive Outpatient	48	Family Counseling for Adult Parolees	
05	Long-term, ( more than 30 days)	49	Clinically Managed Low Intensity Residential Program for Adolscents	
05	Long-term, ( more than 30 days)	50	SLIP SLOT Clinically Managed Low Intensity Residential Treatment for Adult Parol	
05	Long-term, ( more than 30 days)	52	Clinically Managed Low Intensity Residential Program	
05	Long-term, ( more than 30 days)	53	Clinically Managed Low Intensity Residential Program (Women)	
05	Long-term, ( more than 30 days)	55	Cinically Manageed Low Intensity , Resi Prog PregWom/W omenw Dependent Children	
07	Non-Intensive Outpatient	56	Case management for Adult Parolees	
06	Intensive Outpatient	57	SLIP SLOT - Intensive Outpatient Treatment for Adult Parolees	
<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	-	-	
2	No	2	No	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	<b>DSM Diagnosis</b> ###. DSM III-R Category ## No longer effective as of: 06-30-1995	-	<b>DSM III R Diagnosis</b> ###.# DSM III -R Category #	
4	<b>DSM Diagnosis</b> ###. DSM III-R Category ##	-	<b>DSM III R Diagnosis</b> ###.# DSM IV #	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Not Collected	
6	<b>Pregnant at Time of Admission</b> 2 No 1 Yes	-	<b>Pregnant</b> N No Y Yes	
7	<b>Veteran Status</b> 1 Yes 2 No 7 Unknown	-	<b>Veteran Status</b> 1 Yes 2 No 7 Unknown	



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8	Living Arrangements	-	Living Arrangements
02	Dependent Living	01	Both Parents
02	Dependent Living	02	Single Parent
02	Dependent Living	03	Other Relative
02	Dependent Living	04	Foster Home
02	Dependent Living	05	Private Care Facility
02	Dependent Living	06	Public Care Facility
03	Independent Living	07	Independent Living
97	Unknown	08	Other
03	Independent Living	09	Alone
02	Dependent Living	10	Parent-Step-Parent
03	Independent Living	11	Family
03	Independent Living	12	Unrelated Person
02	Dependent Living	13	Adult Foster Care
02	Dependent Living	14	Nursing Home
02	Dependent Living	15	Transitional
02	Dependent Living	16	Other Public/Private
03	Independent Living	17	Parent/Sibling
01	Homeless	19	Homeless
03	Independent Living	20	With Spouse Only
97	Unknown	99	Refused/Not Available

No longer effective as of: 06-30-1996

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K = Key Field

Optional

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No. Treatment Episode Data Set

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State System Data

<b>8</b>	<b>Living Arrangements</b>	-	<b>Living Arrangements</b>
02	Dependent Living	01	Both Parents
02	Dependent Living	02	Single Parent
02	Dependent Living	03	Other Relative
02	Dependent Living	04	Foster Home
02	Dependent Living	05	Private Care Facility
02	Dependent Living	06	Public Care Facility
03	Independent Living	07	Independent Living
97	Unknown	08	Other - (0-17)
03	Independent Living	09	Alone
02	Dependent Living	10	Parent-Step-Parent
03	Independent Living	11	Family
03	Independent Living	12	Unrelated Person
02	Dependent Living	13	Adult Foster Care
02	Dependent Living	14	Nursing Home
02	Dependent Living	15	Transitional
02	Dependent Living	16	Other Public/Private
03	Independent Living	17	Parent/Sibling
97	Unknown	18	Other - 18 or older
01	Homeless	19	Homeless
03	Independent Living	20	With Spouse Only
97	Unknown	99	Refused/Not Available

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**Optional**

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No.	Treatment Episode Data Set	Item	Value	State System Data
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9	Source of Income/Support	-	Income Source
01	Wages/Salary	01	Full Time Employment
01	Wages/Salary	02	Part Time Employment
20	Other	03	Unemployment
02	Public Assistance	04	Public Assistance
03	Retirement/Pension	05	Pension
04	Disability	06	Insurance/Workman's Comp
20	Other	07	Savings, Investments
20	Other	10	Family, Friends
20	Other	11	Student
98	Not Collected	99	Refused/Not Available, None, Unknown

No longer effective as of: 06-30-1999

9	Source of Income/Support	-	Income Source
01	Wages/Salary	01	Full Time Employment
01	Wages/Salary	02	Part Time Employment
20	Other	03	Unemployment
02	Public Assistance	04	Public Assistance
03	Retirement/Pension	05	Pension
04	Disability	06	Insurance/Workman's Comp
20	Other	07	Savings, Investments
20	Other	08	Other
20	Other	10	Family, Friends
20	Other	11	Student
98	Not Collected	99	Refused/Not Available, None, Unknown

## South Dakota's Treatment Episode Data Set

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Optional

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

10	Health Insurance	-	Health Insurance
01	Private Insurance (other than BCBS or HMO)	01	Private Insurance
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield
03	Medicare	03	Medicare
04	Medicaid	04	Medicaid
06	Health Maintenance Organization (HMO)	06	Health Maintenance Organization (HMO)
20	Other (e.g. TriCare, Champus)	20	Other (e.g. CHAMPUS)
21	None	21	None
97	Unknown	97	Unknown

11	Expected/Actual Primary Source of Payment	-	Expected Primary Source Of Payment For This Treatment Episode
01	Self-Pay	01	Self Pay
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield
03	Medicare	03	Medicare
04	Medicaid	04	Medicaid
05	Other Government Payments	05	Other Government Payments
06	Worker's Compensation	06	Worker's Compensation
07	Other Health Insurance Companies	07	Other Health Insurance Companies
08	No Charge ( Free, Charity, Special Research or Teaching)	08	No Charge (Free, Charity, Special Research, or Teaching)
09	Other	09	Other
05	Other Government Payments	10	Division of Alcohol and Dug
05	Other Government Payments	11	Social Services - T-19
97	Unknown	97	Unknown

No longer effective as of: 06-30-1999

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Optional

South Dakota

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	<b>-</b>	<b>Expected Primary Source Of Payment For This Treatment Episode</b>	
01	Self-Pay	01	Self Pay	
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield	
03	Medicare	03	Medicare	
04	Medicaid	04	Medicaid	
05	Other Government Payments	05	Other Government Payments	
06	Worker's Compensation	06	Worker's Compensation	
07	Other Health Insurance Companies	07	Other Health Insurance Companies	
08	No Charge ( Free, Charity, Special Research or Teaching)	08	No Charge	
09	Other	09	Other	
05	Other Government Payments	10	Division of Alcohol and Dug	
05	Other Government Payments	11	Social Services - T-19	
97	Unknown	97	Unknown	
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>-</b>	<b>Not Collected</b>	
98	Not Collected	98	98	
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	<b>-</b>	<b>Not Collected</b>	
98	Not Collected	98	98	
<b>14</b>	<b>Marital Status</b>	<b>-</b>	<b>Marital Status</b>	
04	Divorced	D	Divorced	
02	Now Married or Cohabiting	M	Married	
01	Never Married	N	Never Married	
03	Separated (legally or otherwise absent)	S	Seperated	
05	Widowed	W	Widowed	

Crosswalk Report

South Dakota's Treatment Episode Data Set  
Version : 1

K = Key Field

Item

Optional

South Dakota

No.	Treatment Episode Data Set	Item	Value	State System Data
15	Days Waiting to Enter Treatment	-	Not Collected	
998	Not Collected		998	998

South Dakota's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge**

South Dakota

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	~	<b>Discharge Not Yet Collected</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	~	<b>Discharge Not Yet Collected</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	~	<b>Discharge Not Yet Collected</b>	
<b>109</b>	<b>Service at Discharge</b>	~	<b>Discharge Not Yet Collected</b>	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
<b>146</b>	<b>Date of Last Contact</b>	~	<b>Discharge Not Yet Collected</b>	
<b>147</b>	<b>Date of Discharge</b>	~	<b>Discharge Not Yet Collected</b>	

South Dakota's Treatment Episode Data Set  
Version : 1K = Key Field  
Item**Discharge**  
ItemSouth Dakota

No. Treatment Episode Data Set Value State System Data

<b>149</b>	<b>Reason for Discharge , Transfer or Discontinuance of Treatment</b>	<b>~</b>	<b>Discharge Not Yet Collected</b>
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		



Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report